MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097889632

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			☆		☆		☆	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
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11							61						
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27							77						
28							78						
29							79						
30							80						
31				1			81						
32				1			82						
33				1			83						
34				1			84						
35				1			85						
36				1			86						
37				1			87						
38				1			88						
39				1			89						
40				1			90						
41				1			91						
42				1			92						
43				1			93						
44				1			94						
45				1			95						
46			1				96						
47				1			97						
48				1			98						
49			1				99						
50				1			100						
TOTAL IND.		⇩	3	⇩		⇩	TOTAL IND.		⇦		⇦		⇦
TOTAL DEP.		⇦	18	⇦		⇦	TOTAL DEP.						
TOTAL CLAIMS			21				TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMDENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831